

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09 / 720 629

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		CLAIMS
	IND.	DEP.	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.		
1					
2	1				
3	1				
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS